

BUSINESS LICENSE APPLICATION  
CITY OF TILLAMOOK  
210 LAUREL AVENUE  
TILLAMOOK, OR 97141  
503-842-4861 ext. 3461

NOTICE: Acceptance of business license application does not certify  
that applicant has complied with all City Code provisions

All information must be completed before application will be accepted  
Please review, make any additions or corrections, sign and return to City Hall with payment

Please print or type information.

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Fax \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of business to be conducted: \_\_\_\_\_

Number of On-site Employees-Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

*(Owner(s) counts as one employee)*

Non-profit designation: \_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Applicant's Signature

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OFFICE USE ONLY

Receipt No. \_\_\_\_\_ Date Paid \_\_\_\_\_

Application No. \_\_\_\_\_

Date Certificate Mailed \_\_\_\_\_